Reminders

• The slides will be available after the webinar.
• Please submit questions during the presentation via the chat function.
• In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.
Copy Meaningful Use Website

Question and Answer Session

How to submit or ask questions for the panel members?

Submit or Ask Questions

- Submit your text question and comments using the Question Panel

- Please raise your hand to be unmuted for verbal questions.
Agenda

• Introductions/Announcements

• Leveraging 90/10 Medicaid Funding: Utah Department of Health
  » Wu Xu, Utah Department of Health
  » Jeff Duncan, Utah Department of Health

• Discussion/Q&A

• Proposed Next Steps
Medicaid 90/10 Match Funds for Developing Master Person Index in Utah

Wu Xu, Ph.D.
Director, Center for Health Data and Informatics (CHDI), State HIT Coordinator

Jeff Duncan, Ph.D.
Health Informatics Program Manager, NAPHSIS Representative at JPHIT

ONC-sponsored Community of Practice of Medicaid and Public Health Collaboration
Webinar on February 24, 2017
Outline

• Organizational Support
• Public health data or information systems that were funded with Medicaid, especially 90/10 funds
• Process to receive these funds
• Challenges and future outlook
Organizational Support

• Medicaid is a division in Utah Department of Health (UDOH)
• Utah Medicaid Director is also one of the two Deputy Directors for UDOH
• UDOH Strategic Goals are
  ➢ Healthiest People *including Medicaid population*
  ➢ Optimize Medicaid *with public health’s support*
  ➢ A Great Organization
Existing 90/10 Funded Public Health Projects

• Immunization reporting
• Syndromic surveillance reporting
• Electronic Lab Reporting
• Department of Health Master Person Index (DOHMPD)
Other Medicaid Funded Data and HIE Operation

- Medicaid annual payment for access to birth and death records
- Medicaid annual payment for the State-added insurance questions in BRFSS
- Medicaid annual payment for participating in the statewide CAHPS and HEDIS data collation
- Medicaid 50/50 administrative match for operating the All Payer Claims Database
- Medicaid 50/50 match for annual membership fee for UDOH to participate in the state-designated Health Information Exchange (HIE)
Master Person Index (MPI) is in the Utah Statewide Shared Vision

Figure 1. Priority Framework of Health IT for Population Health and a Statewide Learning Health System in Utah
DOHMPI Internal & External Connections

Internal Inputs/Providers*
- BTOTS Baby Watch/Early Intervention
- APCDB Medicaid Claims
- Vital Records Birth UNTAH/Death EDEN**
- USIIS** Immunizations

Individual User Accounts

DOH MPI

(no HIPAA)

Internal Consumers
- ECIDS (Early Childhood Integrated Data System)
- Medicaid DB
- CHARM

External Consumers
- IHC
- University of Utah
- CHIE

Death Records are linked to APCDB Claims. Matches are pushed to the Medicaid Data warehouse and CHARM. ECIDS receives aggregated data only.

Current Connections:
- Planned Connections:

* Future consumers may include Emergency Department DB, Hospital Discharge DB, Ambulatory Surgery DB, etc., housed by the Office of Healthcare Statistics.
** Database system may be a consumer as well as a data provider in the future. A separate consumer agreement would need to be completed and signed, in addition to the source provider agreement.
Use Case: Death Notification Workflow via DOHMPi

- EDEN (death certificates)
- DOHMPi Database
- DOHMPi Secured Environment
- Staging table
- Medicaid Eligibility Records
- Medicaid data warehouse in MMIS
Process to Receive the 90/10 Funds

1. Public health designs the project with Medicaid program
2. Public health demonstrates the value to Medicaid leadership and get buy-in
3. Public health Identify 10% state general funds as match funds and set up a separate account for the project [DOH Financial Office involves too]
4. Medicaid Director approves the proposal internally
5. Develop the IAPD application jointly
6. Include Medicaid costs in the budget
7. Write and rewrite the IAPD with Medicaid staff
8. State Medicaid submits the “almost final” IAPD to the regional CMS staff for feedback or revision
9. Revise, resubmit, and get the final sign off by all parties
Implementation Advanced Planning Document (IAPD)

1.0 Introduction/Purpose
2.0 Needs & Objectives
3.0 Requirements & Alternatives Analysis
3.1 Alternatives Analysis
3.2 Risk Analysis
4.0 Cost Benefit Analysis
5.0 Description Of Activities
6.0 Personnel Resource Statement
6.1 Project Management
6.2 Project Administration
6.3 Key Personnel And Projected Time Allocation
7.0 Proposed Project Schedule
8.0 Proposed Budget
9.0 Statement Of Expected Usefulness
10.0 Security And Interface Requirements
11.0 Agreements In Accordance With Federal Regulations
12.0 State Certification (CMS form)
13.0 State Certification (State statement)
Operation of a Public Health 90/10 Program

- IAPD is a contract between Medicaid and DOHMPPI
- Monthly report and billing to the Medicaid contract manager
- Milestone report to the Medicaid Executive Leadership
- No-cost extension goes through the same process
- Operational match funding request may have the same process
IAPD in Progress: Develop Statewide MPI

ThSisU: The Statewide Identity Services for Utahns

• State law and administrative rule are in place
• High level design is completed by the SIM-D grant
• 10% fund may be matched by private partners
  ➢ Had legal and financial advices on policy and procedure for private donation
  ➢ Communicate potential risks for private donors
• Had buy-in from the executive leadership
• Is developing detailed technical requirements with all stakeholders to lay-down a foundation for writing IAPD
Challenges for ThSisU IAPD

- Governance for public ownership of a public-private jointly funded system
- How to increase federal financial contribution in a statewide IT system where only 10-15% of the population is Medicaid members
- How to develop the ThSisU infrastructure or common platform and, at the same time, build use cases or services to use ThSisU

The above questions have to be answered in the IAPD.
Building Blocks and Use Cases for ThSisU

**Identity-related Building Blocks to support appropriate data movement**

- **Patient Identity Service**
  - Identity proofing
  - Link digital identity to patient records
  - Match digital identities across organizations

- **Provider Electronic Receiving Specifics**
  - Provider digital identity repository
  - Provider identity proofing

- **Care Team**
  - Message interfaces
  - Care team imputation algorithms tested
  - Encounter records from member organizations

- **Patient Proxy Relationship Management**
  - Proxy relationship verification and policy

**Selected Care Coordination Use Cases**

- **Newborn data Bundle**
  - Electronic birth certificate
  - Screening orders, tracking results
  - Pediatrician identification and follow-up

- **End of Life Care**
  - Electronic POLST
  - Advance Directives
  - Emergency Medical Services

- **Poison Control**
  - Case coordination with Emergency Physicians

**Business case and financial benefit**

- Pooled-shared knowledge
- Trust framework
- Risk Indemnification
ThSisU in a Standard-based Message Broker

HIE Use Case 1: EHR sends hearing diagnostics reports to public health registry
HIE Use Case 2: EHR receives hearing test results from public health registry

Eligible Care Provider (Intermountain Healthcare)
EHR

HIE Solution
Diagnostics
1a
1b

My Health
1c
1d

Test Results
2h

Eligible Care Provider
EHR
HIE Solution

Other Healthcare Providers
Eligible Care Provider

Message Orchestrator

Standard-based Message Broker (eHEX, Direct, HL7v2)
Format Converter
Identity Resolver
Relationship Resolver
Central Repository
Alert/Notification

Message Router

Non-eligible Care Provider (Utah Department of Health)

Early Hearing Detection & Intervention (EHDI)
HiTrack
Identity Resolver

Test Results
2i
2c
2e
2f
2g
2h
2a
2b
2c

HIE Solution
UDOH Gateway

ThSisU
Future Outlook

• Planned IAPDs
   ThSisU – Statewide MPI
   Cancer Registry Reporting
   Use case to exchange pediatric patient summaries among physical and behavior health providers through HIE
   Use case to develop an electronic repository of the Physician Order of Life Sustaining Treatment (ePOLST) in HIE
   Use case of interoperability among EHRs and the Utah Controlled Substance Database
   Use case to exchange newborn data among public health, providers, and HIE

• If needed:
   Electronic Case Reporting (eCR)
Advice from Medicaid

• “An important thing to include for whatever proposed or future plans would be information on how the projects will be cost-allocated for the Medicaid share. That's important, and so is the justification on how making those connections in the HIE is going to help meaningful users.”

Amanda Hovermale,  
Manager of Utah Medicaid EHR Incentive Program
Thanks!

Question?

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Next Steps/Homework

- Next Call: March 24, 2017 2-3PM EST.
- Invitations from Basecamp—Please start discussions and post resources. All slides will be posted here as well as CDC’s Meaningful use website (https://www.cdc.gov/ehrmeaningfuluse/).
- Send topics/ideas/questions for future CoP meetings to meaningfuluse@cdc.gov or post them to Basecamp.